

AMENDED IN SENATE APRIL 12, 2010

AMENDED IN ASSEMBLY MARCH 9, 2010

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

Assembly Concurrent Resolution

No. 105

Introduced by Assembly Member Nava

(Coauthors: Assembly Members Ammiano, Block, Blumenfield, Brownley, Carter, *Davis*, De Leon, Eng, Fletcher, Gaines, Hall, Huffman, Jones, Lieu, Bonnie Lowenthal, Monning, V. Manuel Perez, Portantino, Salas, *Solorio*, and Audra Strickland)

(Coauthors: Senators *Aanestad*, *Correa*, *Cox*, Hancock, Leno, and Price)

January 20, 2010

Assembly Concurrent Resolution No. 105—Relative to Perinatal Depression Awareness Month.

LEGISLATIVE COUNSEL'S DIGEST

ACR 105, as amended, Nava. Perinatal Depression Awareness Month.

This measure would proclaim the month of May, each year, as Perinatal Depression Awareness Month in California, and would request the State Department of Health Care Services, the State Department of Public Health, the State Department of Mental Health, First 5 California, *the American College of Obstetricians and Gynecologists*, Postpartum Support International, and other stakeholders to work together to explore ways to improve women's access to mental health care at the state and local levels, to facilitate increased awareness and education about perinatal depression, *clinically referred to as perinatal mood and anxiety disorders*, to explore and encourage the use of prenatal screening tools,

and to improve the availability of effective treatment and community support services.

Fiscal committee: no.

1 WHEREAS, Maternal health and, more specifically, the mental
2 health of women before, during, and after childbirth is an issue of
3 great concern to women ~~and their families~~, *their families, and their*
4 *physicians* and is, therefore, of interest to the Legislature; and

5 WHEREAS, Perinatal depression and other mood disorders are
6 serious and debilitating, but treatable disorders that affect
7 childbearing women and their families; and

8 WHEREAS, Perinatal depression and other mood disorders
9 related to pregnancy and childbirth can take many forms, including
10 depression, anxiety, panic disorder, obsessive-compulsive disorder,
11 and psychosis, with onset occurring during pregnancy and after
12 childbirth and, therefore, it is ~~appropriate to use the broader, more~~
13 ~~accurate term of “perinatal depression” to describe the many levels~~
14 ~~and degrees of severity of these afflictions; and clinically referred~~
15 ~~to as “perinatal mood and anxiety disorders” but commonly~~
16 ~~referred to as “perinatal depression”; and~~

17 WHEREAS, These afflictions can have potentially serious
18 repercussions upon the physical, emotional, social, and physical
19 health of mothers, *fathers*, infants, children, and families; and

20 WHEREAS, It is critical that there is heightened awareness and
21 increased education among all Californians as to the incidence of
22 perinatal depression; that it affects all categories of women and
23 teenage girls regardless of their age, race, or income level; that it
24 can have a profound impact on the family and significantly
25 contribute to adverse developmental and behavioral outcomes and
26 attachment disorders in the young children of affected women;
27 and that it is highly treatable with therapeutic intervention,
28 community-based supportive services, and ~~additionally, where~~
29 ~~appropriate, medication; and~~

30 WHEREAS, Studies show that up to 80 percent of pregnant and
31 postpartum women around the world experience the “baby blues,”
32 which is expressed as frequent and prolonged crying, anxiety,
33 irritability, poor sleep, quick mood changes, and a sense of
34 vulnerability. The onset of the “baby blues” usually occurs within
35 three days of birth, may continue for a few weeks, and does not
36 normally require clinical treatment, but ~~is, instead,~~ *instead is*

1 alleviated by emotional and community-based supportive services,
2 and practical assistance with the baby; and

3 WHEREAS, Between 10 and 20 percent of pregnant and new
4 mothers are affected by perinatal depression and related mood
5 disorders, and may experience symptoms of depressed mood,
6 inability to find pleasure in usually engaging activities, sleep
7 disturbances, diminished concentration, appetite and weight loss,
8 anxiety and panic attacks, feelings of guilt and worthlessness,
9 suicidal thoughts, and fears about hurting the baby; and

10 WHEREAS, One to two out of every 1,000 new mothers can
11 experience postpartum psychosis, which may begin with manic
12 states, hyperactivity, an inability to sleep, and avoidance of the
13 baby, and may lead to delusions, hallucinations, incoherence, and
14 thoughts of harming the child or themselves and the inability to
15 suppress these thoughts resulting in bodily harm to the mother,
16 infant, or both; and

17 WHEREAS, All factors contributing to perinatal depression and
18 related mood disorders are not fully understood or recognized, but
19 it is believed that these disorders are caused by physiological
20 factors, ~~such as hormone levels~~, and can be exacerbated by such
21 external risk factors as marital problems, sleep deprivation, lack
22 of social support, poverty, and preexisting mental illnesses; and

23 WHEREAS, Mental illness related to childbearing is often
24 overlooked and is heavily stigmatized because expectant and new
25 mothers are expected to be happy, and mothers who are suffering
26 from a form of these disorders feel confused, ashamed, and
27 isolated; and

28 WHEREAS, According to the American College of Obstetricians
29 and Gynecologists (ACOG), a strong social support network;
30 ~~including hotlines, Internet Web site resources, including~~
31 ~~Postpartum Support International, respite care, community-based~~
32 ~~support, including faith-based supportive services, home visitation~~
33 ~~programs, and informed and accessible resources, and referrals~~
34 ~~that accommodate all, regardless of ability to pay and that are~~
35 ~~culturally competent~~, can greatly reduce the intensity and duration
36 of symptoms of perinatal depression and can promote healing and
37 recovery. *This support can take the form of hotlines, Internet Web*
38 *sites, community-based support, home visitation, referral services,*
39 *and respite care. Services should be available regardless of ability*
40 *to pay, and services should be culturally and linguistically*

1 *appropriate.* Social and community-based support includes
2 removing stigma as a barrier to accessing help, empathy,
3 information, and practical help that leads women and their families
4 to obtain effective treatment and support services and creates an
5 environment in which women learn that they are not alone, they
6 are not to blame, and they will get better; and

7 WHEREAS, ~~The proposed federal Melanie Blocker Stokes~~
8 ~~MOTHERS Act would direct~~ *Provisions of the proposed federal*
9 *Melanie Blocker Stokes MOTHERS Act made law by the federal*
10 *Patient Protection and Affordable Care Act directs* the United
11 States Secretary of Health and Human Services, ~~the National~~
12 ~~Institutes of Health, including~~ and the National Institute of Mental
13 Health; to expand and intensify research and related activities with
14 respect to postpartum depression and postpartum psychosis and
15 ~~would direct~~ *directs* the Secretary of Health and Human Services
16 to make grants to provide for projects for the establishment,
17 operation, and coordination of effective and cost-efficient systems
18 for the delivery of essential services to individuals with perinatal
19 depression or postpartum psychosis and their families; and

20 WHEREAS, The highly publicized tragic deaths of children at
21 the hands of their mothers who suffered from postpartum psychosis
22 have emphasized the need for more awareness of the illness;
23 improved referral processes; improved access to therapeutic
24 intervention, including medication, and other supportive services;
25 more research into perinatal depression and related mood disorders,
26 including postpartum psychosis *and other perinatal mood and*
27 *anxiety disorders*; and a greater understanding of how the justice
28 system interacts with mothers who suffer from postpartum
29 psychosis and are accused of a crime; and

30 WHEREAS, Many women are not adequately informed about,
31 screened for, and treated for perinatal depression because they are
32 uninsured, underinsured, lack access to comprehensive health care,
33 or face cultural and linguistic barriers; and

34 WHEREAS, Many ~~at-risk~~ *affected* women may not get help
35 because of the stigma associated with mental illness, lack of
36 information about perinatal depression and related mood disorders
37 as part of their overall reproductive health care; because there is
38 limited knowledge; and ~~nonuse~~ *limited use* of screening and
39 assessment tools; and because they are unaware of services; support
40 and treatment for perinatal depression, such as medication,

1 therapeutic interventions, including counseling, support groups,
2 and community-based supportive services; and

3 *WHEREAS, Lack of available services due to inadequate funding*
4 *for comprehensive medical care, and specifically mental health*
5 *services, creates an environment where care may not be readily*
6 *available, and it is particularly important to bring awareness to*
7 *this problem so that women and their families are able to seek out*
8 *help; and*

9 *WHEREAS, Increased education and awareness, improved*
10 *access to health care, proper universal use of perinatal screening*
11 *tools, and prioritizing understanding of perinatal depression by all*
12 *service providers and community support systems who interface*
13 *with pregnant and new mothers are all critical factors in identifying*
14 *mothers-to-be who are at risk, and providing prompt diagnosis,*
15 *treatment, and proper community-based supportive services that*
16 *can effectively work together to facilitate recovery; and*

17 *WHEREAS, There is ample opportunity are many opportunities*
18 *for the diverse health care community, including obstetricians and*
19 *gynecologists, pediatricians, psychologists, psychiatrists, social*
20 *workers, case managers, nurses, childbirth educators, nurse*
21 *midwives, nurse practitioners, doulas, health educators,*
22 *breast-feeding instructors, and community advocates, to make*
23 *women aware of perinatal depression and related mood disorders*
24 *and identify at-risk women during prenatal visits, home visitation*
25 *sessions, prepared childbirth classes, labor and delivery,*
26 *breast-feeding classes, postpartum well-baby checkups, and*
27 *parenting classes; and*

28 *WHEREAS, It behooves hospitals, health plans, and insurance*
29 *companies to establish companies, and public programs to pay*
30 *for, establish, and encourage these policies of diagnosis,*
31 *identification, and referral to informed treatment and supportive*
32 *services; now, therefore, be it*

33 *Resolved by the Assembly of the State of California, the Senate*
34 *thereof concurring, That the State of California hereby proclaims*
35 *the month of May, each year, as Perinatal Depression Awareness*
36 *Month in California; and be it further*

37 *Resolved, That the State Department of Health Care Services,*
38 *State Department of Public Health, the State Department of Mental*
39 *Health, First 5 California, the American College of Obstetricians*
40 *and Gynecologists, Postpartum Support International, and other*

1 motivated stakeholders are requested to work together to explore
2 ways to improve women's access to mental health care at the state
3 and local levels, to facilitate increased awareness and education
4 about perinatal depression and related mood disorders, to explore
5 and encourage the implementation of universal use of prenatal
6 treatment and support services; and be it further, *clinically referred*
7 *to as perinatal mood and anxiety disorders; and be it further*
8 *Resolved*, That the Chief Clerk of the Assembly transmit copies
9 of this resolution to the President of the United States and to each
10 Senator and Representative from California in the Congress of the
11 United States: *author for appropriate distribution.*